

RECORD OF INJURY

(TRADOC Reg 385-2; proponent agency is Command Safety)

SECTION I - To be completed by supervisor and delivered by patient, if possible, to Dispensary or First Aid Station

LAST NAME	FIRST NAME	MIDDLE INITIAL (Person injured)	GRADE	AGE			
OCCUPATION OR DUTY WHEN INJURY OCCURRED			INJURY		RETURN TO DUTY		EXACT LOCATION WHERE OCCURRED
			HOUR	DATE	HOUR	DATE	

HOW INJURY OCCURRED (exactly what injured was doing and what caused the injury)

UNIT OR ORGANIZATION TELEPHONE	NAME OF SUPERVISOR, MILITARY OR CIVILIAN (Print or type)
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SECTION II - To be completed by Medical Officer/attendant for information of the supervisor and others, as appropriate.

NATURE AND EXTENT OF INJURY OR OCCUPATIONAL ILLNESS

DISPOSITION (Check one)

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RETURN TO REGULAR DUTY

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RETURN TO WORK OF LIGHT NATURE

☐

HOSPITAL

☐

OTHER

ESTIMATED ABSENCE IN DAYS BEYOND DAY ON WHICH INJURY OCCURRED	NAME OF MEDICAL OFFICER OR ATTENDANT (Print or type)	TELEPHONE
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